

CITYWIDE LICENSING CENTER
AFFIDAVIT OF HOME ADDRESS

This form is to be completed only by the person with whom you (the applicant) live. It should also be signed by you where indicated. You must bring this form *with* a recent utility bill or lease in the name of that individual.

(Please type or print legibly)

TO: **NYC Dept. of Health & Mental Hygiene**
42 Broadway, 5th floor
New York, NY 10004

(Enter name of the person with whom the applicant lives - must be the same as on the utility bill or lease)

residing at _____
(Street Address, Borough, State and Zip code)

states that: _____
(Enter name of the person applying for permit/license)

is my _____ and lives with me at the above address.

*(Relationship to applicant, e.g., wife, husband, sister, brother,
mother, father, son, daughter, aunt, uncle, cousin, friend)*

SIGNATURE

*(Note: This name must match the name on the
accompanying utility bill or lease.)*

PRINT NAME

*(Note: This name must match the name on
the accompanying utility bill or lease)*

I _____ attest to the truth of the above information.

Print name of applicant

*

SIGNATURE OF APPLICANT

* Please note that submitting false or misleading information is a violation of Section 3.19 of the New York City Health Code and may be prosecuted civilly or criminally as a misdemeanor. It may also result in the revocation of any license or permit issued.